

INSTRUCTIONS

Sales of petroleum products to U.S. Government Agencies are exempted the inspection fee. This exemption applies to products purchased and paid for with U.S. Government funds and products must be consumed exclusively by the federal government. Fee exempted gallons claimed in this category must be entered on Form AL I.F. #2, line 10, and must be documented by attaching a prepared and signed copy of this form, AL I.F. #10A. A signature is required on this form of an official of the company which is the ultimate seller. Proof of sales must be documented as required by the first seller submitting the inspection fees to the State Department of Agriculture and Industries.

The inspection fee applies to products resold through post exchanges. Companies operating under a federal government contract; that is, consuming petroleum products in the process of providing a service to the government, do not qualify for a fee exemption under this category. Petroleum products sold to city, county, and state agencies are subject to the inspection fee.

A computer printout which contains the same information requested on this form will suffice. Please sign the form at the bottom and attach a copy of printout.

THIS FORM MUST BE CHanneled THROUGH THE COMPANY REPORTING AND REMITTING THE INSPECTION FEE TO THIS DEPARTMENT AND MUST ACCOMPANY FORM AL I.F. #2.



ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES
PETROLEUM COMMODITIES SECTION



TELEPHONE NO.: 334-240-7127

Ron Sparks
COMMISSIONER

PETROLEUM PRODUCTS INSPECTION FEE EXEMPTION FORM
FOR SALES MADE TO U.S. GOVERNMENT AGENCIES

(Reporting Company Claiming Exemption or Credit)

(Address)

(Computer ID #)

NOTE: SEE BACK OF THIS FORM FOR INSTRUCTIONS.

Product	Gallons	Invoice Date	Invoice No.	Name of U.S. Government Agency to Whom Sold	Agency Address

I HEREBY CERTIFY THAT THE INSPECTION FEE WAS NOT CHARGED ON THE GALLONS SOLD AS LISTED ABOVE, IT WAS USED FOR THE PURPOSE STATED, THE AMOUNTS STATED ARE CORRECT, AND IN COMPLIANCE WITH THE CODE OF ALABAMA (1975), SECTION 8-17-80 THROUGH 8-17-94.

SIGN BELOW:

Supplier's Name: _____

(Signature of Ultimate Seller)

Address: _____

(Company Name)

(Address)

(City)

(Zip)

(Date)

(Telephone No.)